

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		Application Number	10/661,640
		Filing Date	September 15, 2003
		First Named Inventor	Burke T. Barrett
		Title	Treatment of Movement Disorders by Near- Diaphragmatic Nerve Stimulation
		Art Unit	3762
		Examiner Name	Scott M. Getzow
		Attorney Docket No.	1000.025CON

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith

OR

I hereby appoint the practitioners associated with the Customer Number: 41332

Please change the correspondence address for the above-identified application to:

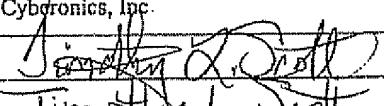
The address associated with  
Customer Number: 41332

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

Applicant/inventor  
Under 37 CFR 3.73(b) Assignee certifies that it is:  
 Assignee of record of the entire interest. See 37 CFR 3.71  
*Assignment Recorded 10/23/2001 at Reel/Frame 012341/0228.*

SIGNATURE of Applicant or Assignee of Record

Company	Cybertronics, Inc.		
Signature			
Name:	Timothy L. Scott		
Date	09/15/06	Telephone:	281-327-2652

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.